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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013	
	3
CLASS	'EAR
LICENSEE NAME: READING VETS. ASSN. INC.	
DOING BUSINESS A AMERICAN LEGION POST 62	
ADDRESS 37 ASH ST.	
CITY/TOWN: READING STATE: MA ZIP CODE: 01867	
MANAGER: LANE, DENNIS F. TYPE OF LICENSE: Club CATEGORY: A	All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
CELLAR; CLUB ROOM FIRST FLOOR; MEETING ROOM, KITCHEN. SECOND FLR; BOAI DIRECTORS ROOM	RD OF
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
SIGNED BY:	
SIGNED BY: Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer	ON NUMBER.
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATIO (Note: NOT Individual Social Section (Note: NOT Individual Sectio	eurity Number)
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATIO (Note: NOT Individual Social Section (Note: NOT Individual Section (Note: NOT Ind	eurity Number) • 304 of the
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATIO (Note: NOT Individual Social Section (Note: NOT Individual Sectio	· 304 of the bove named
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATIO (Note: NOT Individual Social Sect We the undersigned, attest that we are in possession (1) the certificate required by Chapter Acts of 2004, signed by the building inspector and the head of the fire department for the all	304 of the bove named cts of 2010.
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATIO (Note: NOT Individual Social Section (Note: NOT Individual	304 of the bove named cts of 2010.
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATIO (Note: NOT Individual Social Section 1) the certificate required by Chapter Acts of 2004, signed by the building inspector and the head of the fire department for the allicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act Please Check Below: APPROVED: By: DISAPPROVED: By:	304 of the bove named cts of 2010.
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATIO (Note: NOT Individual Social Section (Note: NOT Individual	304 of the bove named cts of 2010.
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATIO (Note: NOT Individual Social Section 1) the certificate required by Chapter Acts of 2004, signed by the building inspector and the head of the fire department for the allicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act Please Check Below: APPROVED: By: DISAPPROVED: By:	304 of the bove named cts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600002	CITY OR TOWN READING
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: MEADOW BROOK GOLF CORP.OF	READING MASS.
DOING BUSINESS A MEADOW BROOK GOLF CLUB	
ADDRESS 292 GROVE	
CITY/TOWN: READING STATE: MA	ZIP CODE: 01867
MANAGER: MORELLI, DARIO TYPE OF LICENSE:CLL.	ub CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
CLUB HOUSE; GROVE ST WITH ENTRANCE AND EXI GROVE ST CLUB HOUSE HAS TWO FLOORS WITH LO MAIN FLOOR OFF ENTRANCE TO LOUNGE	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	•
2. the licensee has complied with all laws of the Com	_
3. the premises are now open for business (If not exp	lain below)
SIGNED BY:	
Individual, Partner or Authorized Corp	orate Officer
Individual, Partner or Authorized Corp	orate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
DATE.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the adof the fire department for the above named
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the adof the fire department for the above named
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010.
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the add of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the add of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the add of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 1016000005		CITY OR TOWN	KEADING	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PHIDER CORP.				
DOING BUSINESS	A GRUMPY'S DO	YLE'S			
ADDRESS 530 MA	IN ST.				
CITY/TOWN: REA	ADING	STATE: MA	ZIP CODE:	01867	
MANAGER: WYN	NNE,PHILIP R. TY	PE OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
3200 sf restaurant w	ith patio. Three entr	ances at side and two	at the front. Rear ac	ccess for deliv	veries
I hereby certify and s	swear under penaltie	s of perjury that:			
1. the renew	ed license will be of	the same type for the	same premises nov	v licensed;	
2. the licens	ee has complied with	h all laws of the Comr	nonwealth relating	to taxes; and	
3. the premi	ses are now open for	r business (If not expl	ain below)		
SIGNED BY:					
2101,22 21.	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	ты ерном	NE NUMBER:	EMPLOYE	R IDENTIFICA?	ΓΙΟΝ NUMBER:
	TELETHO	VE NOWIDER.	(Note: NOT In	dividual Social S	Security Number)
		e in possession (1) th			
		spector and the head liability insurance r			
, ,	ver various or anquior		- ,		
Please Check Below: APPROVED:			LOCAL LICEN	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	 ain)				
(11 disupproved expre	••••				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	01600006		CITY OR TOW	N READING	i
APPLICATION FOR R	ENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R	EADING OVERSE	EAS VETS. INC.			
DOING BUSINESS A	READING OVERS	SEAS VETS			
ADDRESS 575 MAIN	ST.				
CITY/TOWN: READI	NG	STATE: MA	ZIP CODE:	01867	
MANAGER: Fennelly	, Thomas A TYPE	E OF LICENSE: Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISE	ES:			
TWO STORY BLDG, F	FUNCTION HALL	AND CLUB ROOM	1		
I hereby certify and swe	ar under penalties o	of perjury that:			
1. the renewed	license will be of th	e same type for the s	same premises no	ow licensed;	
2. the licensee l	nas complied with a	ll laws of the Comm	onwealth relatin	g to taxes; and	
3. the premises	are now open for b	usiness (If not explain	in below)		
SIGNED BY:					
I	ndividual, Partner o	r Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NIIMRER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEELI HONE	NOWIDEK.	(Note: NOT	Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by					
license and (2) the cert					
Please Check Below:			LOCALLICE	NSING AUTH	ORITY
APPROVED:			By:	TISH TO THE THE	
DISAPPROVED:					
(If disapproved explain)			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	101600007		CITY	OR TOWN	READING	
APPLICATION FOR	RENEWAL:	Annual		LICEN	NSED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	MANDARIN R	EADING, INC.				
DOING BUSINESS A	MANDARIN :	READING RESTAUR	ANT			
ADDRESS 296 SALE	EM ST.					
CITY/TOWN: REAL	OING	STATE: MA	ZI	P CODE:	01867	
MANAGER: LEE, 1	HIU HUNG T	YPE OF LICENSE: Re	estaurant		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADD	RESS		_
DESCRIPTION OF L	ICENSED PRE	MISES:				
DINING ROOMS, KI	TCHEN & STO	IG AREA AND LOBB RAGE AREA ON MA CLUDES ADDITIONA	IN LEV	EL. ON E I	EXIT & ENTI	
I hereby certify and sv	vear under penal	ties of perjury that:				
1. the renewe	d license will be	of the same type for the	e same p	remises nov	w licensed;	
2. the license	e has complied w	ith all laws of the Com	monwea	lth relating	to taxes; and	
3. the premise	es are now open	for business (If not exp	lain belo	ow)		
SIGNED BY:	In dividual Dank	Audharia d Carr	t- Of	20		
	individual, Part	ner or Authorized Corp	orate Of	ncer		
DATE:	TEI EDU	ONE NUMBER:		EMPLOYE	ER IDENTIFICAT	TON NUMBER:
	IELEFIN	JNE NUMBER.	(ndividual Social S	
Acts of 2004, signed	by the building	are in possession (1) the inspector and the heat or liability insurance	d of the	fire depar	tment for the	above named
Please Check Below:			LOC	CAL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain	n)					
(alsappio tea emplai	/					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED B	Y LICENSEES DURING THE N	MONTH OF	NOVEMBER (M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	101600008		CIT	Y OR TOWN	READING	
APPLICATION FOR 1	RENEWAL:	Annual		LICEN	NSED FOR 20)13
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 11 SANBO	KNIGHTS OF COL		G COUN	NCIL K.OF C	INC	
CITY/TOWN: READ		STATE: M	Α	ZIP CODE:	01867	
MANAGER: KINTIG	GOS, TYPE	OF LICENSE:			CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	EASE ALSO VISIT OUR WEBS		JR EMAIL AI	DDRESS		
DESCRIPTION OF LI BAR AREA, LOUNG RESTROOM, KITCH	E IN LOWER AREA		OM. HAI	LL ON FIRST	FLOOR,	
2. the licensee	ear under penalties of I license will be of the has complied with al s are now open for bu	same type for l laws of the Co	ommonw	ealth relating		
SIGNED BY:	Individual, Partner or	Authorized Co	orporate (Officer		
DATE:	TELEPHONE I	NUMBER:			ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed l license and (2) the ce	by the building inspe	ctor and the h	ead of tl	he fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LC By —		SING AUTHO	ORITY
DATE:			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 101600009		CITY OR TOWN READIN	l U
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: BUSA'S READING NESS A BUSA'S READING	_		
ADDRESS 34	5 MAIN ST			
CITY/TOWN:	READING	STATE: MA	ZIP CODE: 01867	
MANAGER:	BUSA, DANIEL P. TYPI JR.	E OF LICENSE: Pac	kage Store CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISE	ES:		
FIRST FLOOI	R APPROX 5668 SQ FT. FR	ONT ENTRANCE,	REAR SERVICE ENTRANC	CE
	premises are now open for b	usiness (If not expla		
		·		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Belo APPROVED:			LOCAL LICENSING AUT By:	HORITY
OISAPPROVI (If disapproved				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	101600011		CITY OR TOWN	READING	
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ATHENS LIQUOR	RS, INC,			
DOING BUSINESS A	SQUARE LIQUO	ORS			
ADDRESS 11 HIGH S	Т				
CITY/TOWN: READ	ING	STATE: MA	ZIP CODE:	01867	
MANAGER: SHOM	OS, CHRIST TYP	PE OF LICENSE: Pa	ckage Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI					
1550 SQ FT AREA OF	RETAIL SPACE	LOCATED ON TH	E FIRST FLOOR		
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	same premises no	w licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premises	s are now open for	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TEL EDUON		EMDI OVI	ER IDENTIFICAT	TION NI IMPED
DITTE.	TELEPHON	E NUMBER:		ndividual Social S	
					•
Dleage Cheek Delevy			Y O G LY Y Y GTD		OD 1771 /
Please Check Below: APPROVED:			LOCAL LICEN	ISING AUTHO	ORITY
DISAPPROVED:]		By:		
(If disapproved explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 101600015		CITY OR TOW	N READING	i
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MECOM, INC.				
DOING BUSINESS A	A CAFE CAPRI				
ADDRESS 355 MAII	N STREET				
CITY/TOWN: REA	DING	STATE: MA	ZIP CODE:	01867	
MANAGER: ENOS A.	S, MICHAEL TY	PE OF LICENSE:Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
ONE STORY RESTATHERE ARE TWO FENTRANCES					
I hereby certify and sv	wear under penaltie	s of perjury that:			
1. the renewe	d license will be of	the same type for the	same premises no	w licensed;	
2. the license	e has complied with	n all laws of the Comm	nonwealth relating	g to taxes; and	
3. the premise	es are now open for	business (If not expla	in below)		
SIGNED BY:	T 11 1 1 D 4		. 0.55		
	individual, Partne	r or Authorized Corpo	rate Officer		
DATE:	TEL EDITO	WE NAME OF THE STATE OF THE STA	EMDLOV	ER IDENTIFICA	TION NI IMPED
DITTE.	TELEPHON	NE NUMBER:		Individual Social S	
Acts of 2004, signed	by the building in	e in possession (1) the spector and the head liability insurance re	of the fire depa	rtment for the	above named
	er uncate or inquor	nability insurance re			
Please Check Below: APPROVED:			LOCAL LICE	NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	in)				
•					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600017		CITY OR TOWN	READING	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: JAI VAISHNODEV	I & CHIRAG INC.			
DOING BUSINESS A NORTH SIDE LIQ	QUORS			
ADDRESS 150 MAIN STREET				
CITY/TOWN: READING	STATE: MA	ZIP CODE:	01867	
MANAGER: PATEL, ANJU TYPE	E OF LICENSE: Pac	ekage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISE	ES:			
RETAIL SALES SPACE, ONE STORAGE RESTROOM IN BACK, ONE ENTRANC BACK				
 the renewed license will be of th the licensee has complied with a the premises are now open for b 	all laws of the Comr	nonwealth relating to		
SIGNED BY: Individual, Partner of	or Authorized Corpo	orate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	01600019		CITY	OK TOWN	READING	
APPLICATION FOR R	ENEWAL:	Annua	al	LICE	NSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: R DOING BUSINESS A ADDRESS 676 MAIN	THE WINE SI		IG			
CITY/TOWN: READI		STATE:	MA ZI	P CODE:	01867	
MANAGER: CARP,R		YPE OF LICENS				All Alcohol
EMAIL ADDRESS:	ASE ALSO VISIT OUF	R WEBSITE AND ENTER				
2. the licensee l	license will be has complied w	ies of perjury that of the same type f ith all laws of the for business (If no	For the same p Commonwea	lth relating		
SIGNED BY:	ndividual, Partr	ner or Authorized	Corporate Of	ficer		
DATE:	TELEPHO	ONE NUMBER:	()		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC By:	AL LICEN	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 101600020		CITY (OR TOWN	READING	
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	: CAC FOODS, INC					
DOING BUSINESS	S A VENETIAN MO	ON				
ADDRESS 680 MA	AIN ST					
CITY/TOWN: RE	ADING	STATE: MA	ZII	P CODE:	01867	
	VALLO, TYI THONY	PE OF LICENSE: Res	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDR	ESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:				
	nt consisting of a first floor of 4347 sq ft wi or 125					
I hereby certify and	swear under penalties	of perjury that:				
1. the renev	wed license will be of	the same type for the	same pr	emises nov	v licensed;	
2. the licens	see has complied with	all laws of the Com	nonweal	th relating	to taxes; and	
3. the prem	ises are now open for	business (If not explain	ain belov	w)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Off	icer		
DATE:	TELEPHON	E NUMBER:	(N			TION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the head	d of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	Loin)					
(If disapproved expl	iaiii)					
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 101600021		CITY OR TOWN READI	NG
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME:	: PEPPER DINING	G INC.		
DOING BUSINESS	A CHILI'S GRILL	& BAR		
ADDRESS 70 WAI	LKER'S BROOK D	RIVE		
CITY/TOWN: RE	ADING	STATE: MA	ZIP CODE: 01867	
	MONT JR., E. TY DMAS	YPE OF LICENSE: Rest	caurant CATEGOR	XY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
			ND DINING FACILITIES. COOLERS (BACK OF HO	
2. the licens	see has complied wi ises are now open fo	* *		
	marvidaar, 1 arur	er of Authorized Corpor	ate officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Acts of 2004, signe	ed by the building i	nspector and the head	certificate required by Ch of the fire department for quired by Chapter 116 of t	the above named
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expl	ain)			
(11 disappioved expi	am)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600024		CITY OR TOWN READING	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: Mac ACQUISITIO	N OF DELAWARE		
DOING BUSINESS A ROMANO'S MAG	CARONI GILL		
ADDRESS 48 WALKER'S BROOK DRI	VE		
CITY/TOWN: READING	STATE: MA	ZIP CODE: 01867	
MANAGER: HENDERSON, TYP JOSH	PE OF LICENSE: Resi	taurant CATEGORY: All Alcoho	l
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
ONE STORY WOOD FRAME BUILDIN	IG W/ FULL KITCH	EN AND DINING FACILITIES.	
2. the licensee has complied with 3. the premises are now open for SIGNED BY: Individual, Partner		in below)	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the building ins	pector and the head	e certificate required by Chapter 304 of the of the fire department for the above name equired by Chapter 116 of the Acts of 2010	ed
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 101600025		CITY OR	TOWN	READING	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	THE BOLAND GRO	OUP, III, LLC				
DOING BUSINESS A	A FUDDRUCKERS					
ADDRESS 50 WALF	KERS BROOK DRIV	'E				
CITY/TOWN: REA	DING	STATE: MA	ZIP C	CODE:	01867	
MANAGER: BOLA	AND, JAMES TYPI	E OF LICENSE:R	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
I	LEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR	EMAIL ADDRESS	S		
DESCRIPTION OF I						
APPROX 6500 SQ F TO THE OUTSIDE A						
BUILDING INTO CO			IIII (BEIC		LOOK OF T	
2. the license	wear under penalties of the dicense will be of the has complied with a series are now open for be	ne same type for thall laws of the Com	nmonwealth			
SIGNED BY:	Individual, Partner of	or Authorized Corp	oorate Office	er		
DATE:	TELEPHONE	E NUMBER:				TION NUMBER:
We the undersigned Acts of 2004, signed license and (2) the c	by the building insp	pector and the hea	ad of the fir	e departı	nent for the	above named
Please Check Below:			LOCAL	LICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain						
(disapproved empire	,					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 101600026		CITY OR TOWN	READING
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BERTUCCI'S REST	AURANT CORP	ORATION	
DOING BUSINESS	A BERTUCCI'S ITAL	LIAN RESTAUR	ANT	
ADDRESS 45 WAL	KERS BROOK DRIVE	Ξ		
CITY/TOWN: REA	ADING	STATE: MA	ZIP CODE:	01867
MANAGER: BON L	NNELL,MICHAETYPE	OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS		EMAIL ADDRESS	
	LICENSED PREMISE			
	. FT. ITALIAN KITCH ONE MAIN ENTRANO			NG ROOMS,
	swear under penalties of			
1. the renew	ved license will be of the	e same type for th	e same premises now	licensed;
2. the licens	see has complied with al	l laws of the Con	nmonwealth relating t	o taxes; and
3. the premi	ises are now open for bu	isiness (If not exp	lain below)	
SIGNED BY:	Individual, Partner or	· Authorized Corp	porate Officer	
D . 1777				
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			(10tc. <u>101</u> III)	iividuai Sociai Security Number)
Acts of 2004, signe	d by the building inspe	ector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl	ain)			
(ii disappioved expi	u,			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1016	00028	CITY OR TOW	'N READING
APPLICATION FOR REN	EWAL: Anr	nual LIC	ENSED FOR 2013
	CLA	ASS	YEAR
LICENSEE NAME: RAR	E HOSPITALITY INTER	NATIONAL INC.	
DOING BUSINESS A LO	NGHORN STEAK HOUS	Е	
ADDRESS 39 WALKERS	BROOK DRIVE		
CITY/TOWN: READING	STATE:	MA ZIP CODE:	01867
MANAGER: BULL,LEIG ANNE	TYPE OF LICE	NSE:Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTE	ER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICEN			
FULL SERVICE RESTAU HANDICAP RESTROOMS			
2. the licensee has3. the premises are	nse will be of the same type complied with all laws of the now open for business (If	e for the same premises n he Commonwealth relatin	
SIGNED BY: Indiv	vidual, Partner or Authorize	ed Corporate Officer	
DATE:	TELEPHONE NUMBER	L•	YER IDENTIFICATION NUMBER: Individual Social Security Number)
Acts of 2004, signed by th	e building inspector and	the head of the fire depa	uired by Chapter 304 of the artment for the above named pter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICE	NSING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 101600030		CITY OR TOWN	KEADING	
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: RISTORANTE P	AVAROTTI,INC.			
DOING BUSINESS	A RISTORANTE	PAVAROTTI			
ADDRESS 601 MA	IN STREET				
CITY/TOWN: RE	ADING	STATE: MA	ZIP CODE:	01867	
	NOWSKAS,REB TY CA D.	YPE OF LICENSE:Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF					
	_	FT. ONE KITCHEN, I	ENTRANCE AND	EXIT.	
I hereby certify and	•				
		f the same type for the	•		
	-	th all laws of the Comm	•	to taxes; and	
3. the prem	ises are now open for	or business (If not expla	ain below)		
SIGNED BY:			0.55		
	Individual, Partne	er or Authorized Corpo	orate Officer		
D.A. III.					
DATE:	TELEPHO	NE NUMBER:			ΓΙΟΝ NUMBER:
			(Note: NOT In	aividuai Sociai S	Security Number)
Acts of 2004, signe	ed by the building in	re in possession (1) the nspector and the head r liability insurance r	l of the fire depart	ment for the	above named
Please Check Below:	•	·	LOCAL LICENS		
APPROVED:			By:	311 (0 110 111)	01411
DISAPPROVED:			•		
(If disapproved expl	ain)				
DATE:					
DITTE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN REA	DING
APPLICATION FOR RENEWAL:	Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: PALATAT PATTEN	ESUAN		
DOING BUSINESS A BANKOK SPICE T	THAI RESTAURAN	ĪΤ	
ADDRESS 76 HAVEN ST			
CITY/TOWN: READING	STATE: MA	ZIP CODE: 0186	57
MANAGER: PATTENESUAN,PATYPE LATAT	OF LICENSE: Rest	aurant CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
FIRSST FLOOR LOCAT AT 76 HAVEN S HAVEN STREET. EXITS LOCATED ON BRANDE COURT.			
I hereby certify and swear under penalties of	f perjury that:		
1. the renewed license will be of the	e same type for the s	same premises now license	ed;
2. the licensee has complied with al		•	; and
3. the premises are now open for bu	isiness (If not explain	in below)	
SIGNED BY: Individual, Partner or	r Authorized Corpor	rate Officer	
,			
DATE: TELEPHONE	NI IMRER:	EMPLOYER IDENT	
TELETHONE	NUMBER.		IFICATION NUMBER:
		(Note: NOT Individual	IFICATION NUMBER: Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia	ector and the head	certificate required by 0 of the fire department fo	Social Security Number) Chapter 304 of the or the above named
Acts of 2004, signed by the building inspe	ector and the head	certificate required by 0 of the fire department fo	Chapter 304 of the or the above named of the Acts of 2010.
Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below: APPROVED:	ector and the head	certificate required by 0 of the fire department fo quired by Chapter 116 0	Chapter 304 of the or the above named of the Acts of 2010.
Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	ector and the head	certificate required by 0 of the fire department fo quired by Chapter 116 o LOCAL LICENSING A	Chapter 304 of the or the above named of the Acts of 2010.
Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below: APPROVED:	ector and the head	certificate required by 0 of the fire department fo quired by Chapter 116 o LOCAL LICENSING A	Chapter 304 of the or the above named of the Acts of 2010.
Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	ector and the head	certificate required by 0 of the fire department fo quired by Chapter 116 o LOCAL LICENSING A	Chapter 304 of the or the above named of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600	032	CITY OR TOWN READIN	NG
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: KOK II DOING BUSINESS A O'YE	SS .		
ADDRESS 26 WALKERS BI	ROOK DRIVE		
CITY/TOWN: READING	STATE: MA	ZIP CODE: 01867	
MANAGER: TANG, YAO	H. TYPE OF LICENSE: Re	estaurant CATEGOR'S	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
~	ED PREMISES: S, WITH FRONT ENTRANCE REAS ARE ON THE SAME FL		НЕ
I hereby certify and swear und	er penalties of perjury that:		
	e will be of the same type for the	•	
	mplied with all laws of the Com ow open for business (If not expl	· ·	ad
SIGNED BY: Individ	ual, Partner or Authorized Corp	orate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, signed by the	that we are in possession (1) the building inspector and the hea se of liquor liability insurance	d of the fire department for t	he above named
Please Check Below: APPROVED:		LOCAL LICENSING AUT By:	THORITY
DISAPPROVED: (If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 101600033	(CITY OR TOWN	READING	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 107 MA		S,INC.			
CITY/TOWN: REA		STATE: MA	ZIP CODE:	01867	
	MER,MICHAELTYPE	OF LICENSE: Resta		ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		AIL ADDRESS		
	LICENSED PREMISE LDING WITH PUBLIC		E FIRST FLOOR O	ONLY;STOR	AGE ON
2. the licens	yed license will be of the see has complied with al ses are now open for bu	l laws of the Commo	onwealth relating to n below)		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
Acts of 2004, signe	d, attest that we are in d by the building inspo certificate of liquor lia	ector and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	101600034		CITY OR TOV	VN KEADING	J
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	CWI, LTD THE WINE BUNKER				
ADDRESS 128 MAR	KET PLACE SHOPPING	CENTER ON	E GENERAL V	VAY	
CITY/TOWN: REAL	OING ST	ATE: MA	ZIP CODE	: 01867	
MANAGER: BARC	LIFT, BRETT TYPE OF	LICENSE:Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EN	MAIL ADDRESS		
	ICENSED PREMISES:				
	NCE/EXIT FRONT OF B WIDE, 100' DEEP WITH				
2. the licensee	d license will be of the same has complied with all law are now open for busines. Individual, Partner or Aut	es of the Commess (If not expla	nonwealth relati		
DATE:	TELEPHONE NUM	ИВЕR:		OYER IDENTIFICA ☐ Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICI	ENSING AUTH	ORITY
DATE:					